

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KU	26891	SH86
O.I.P.E. CLASSIFIER		12	6/26
FORMALITY REVIEW		71531	8-8-00
RESPONSE FORMALITY REVIEW		71531	8-28-00 / 8-30-00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2
2	✓	✓	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
10	0	0	
11	0	0	
12	=	=	
13	=	=	
14	=	=	
15	=	=	
16	=	=	
17	=	=	
18	=	=	
19	=	=	
20	=	=	
21	=	=	
22	✓	=	
23	✓	✓	
24	0	0	
25	0	0	
26	0	0	
27	0	0	
28	0	0	
29	0	0	
30	0	0	
31	0	0	
32	✓	✓	
33	0	0	
34	0	0	
35	0	0	
36	1		
37	=		
38	=		
39	=		
40	=	=	
41	=		
42	0		
43	=		
44	=		
45	=		
46	=		
47	=		
48	=		
49	=		
50	=		

Claim	Final	Original	Date
51	=		
52	=		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy